



APPLICATION FOR REPORT ON AN ON-SITE SEWAGE SYSTEM AND/OR WATER SUPPLY ENVIRONMENTAL HEALTH

800 W. Canal Drive
Kennewick, WA 99336
(509) 582-7761, Ext. 246

310 7th Avenue
Prosser, WA 99350
(509) 786-1633

This Request is for: Sewage System: \$144.00(5418)_____ Water System: \$144.00(5419)_____ Both: \$216.00(5420)_____

Re-inspection Sewage: \$108.00(5421)_____ Re-inspection Water: \$108.00(5421)_____

Account #: _____

Guarantor #: _____

Log #: _____

ALL ITEMS IN THIS BOX MUST BE COMPLETED TO ACCEPT THIS APPLICATION, IF YOU NEED HELP CONTACT THIS OFFICE

NAME OF APPLICANT: _____

HOME TELEPHONE: _____ WORK TELEPHONE: _____

MAILING ADDRESS: _____ CITY _____ ZIP _____

PARCEL NUMBER: _____ SECTION _____ TOWNSHIP _____ RANGE _____

LEGAL DESCRIPTION OF PROPERTY TO BE INSPECTED: _____

PHYSICAL ADDRESS _____

It is the established practice of the Federal Housing Authority, the Veteran's Administration and other lending institutions to obtain information from the local health department pertaining to the status of the individual sewage disposal system and/or water supply.

Directions to property to be inspected _____

Name of Present Owner _____ Name of Purchaser _____

Name and Telephone Number of the person to contact for an appointment _____

Lending Firm or person to whom report is to be mailed: _____

Address _____ City _____ Zip _____

Year house built _____ Number of Bedrooms _____

House occupied: Yes ___ No ___ Approximate date the house was vacated _____

Septic Tank Pumped: Yes ___ No ___ Unknown ___ Date of last pumping _____

Septic tank repairs performed: Yes ___ No ___ Unknown ___ Date of repairs _____

Additional structures on the property: Pool ___ Carport ___ Garage ___ Shop ___ Barn ___ Patio ___ Sheds ___ Other _____

TYPE OF WATER SUPPLY: Single Family Well ___ Municipal ___ Community well ___ Other _____

Number of homes served by the single family or community well: _____

Re-inspection of water systems include two bacteriological water samples, any additional samples will be assessed in accordance with the current department fee schedule. **FEES PAID ARE NON-REFUNDABLE**

Applicant Signature: _____ Date _____

If the septic tank has not been pumped within the last four years, the tank lids should be unearthed and arrangements made to have the septic tank pumped at the conclusion of the Health Department inspection, and the pumpers findings submitted to this office.